Office c Star Washington, DC 20210

## FORM I.M-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

2004 Through: [2 / 31 / 2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Ease Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

2 Name and address of a superior	- tradament tradament in a			
3. Name and address of person filing,	4. Name, file number, and address of labor organization.			
Name MSTULAR SLARINER	Name Sul 1290 Court Blog & Court TRING Court			
	Labor Organization File Number 048575			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street SIA DAHA UU	Street 137 CANINO TEL ROSOTA			
City ESCOMMIDO	City Sun Oldo Calif 92			
State (CL)   ZIP Code + 4   9202 ]	State CALA- ZIP Code + 4 9ZIO8			
5. Position in labor organization. Business Win Kar				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests				
(except as specified in the exclus	so of million child directly of indirectly had any of the following interests slons set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
	Tailsaction, of income.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
Signature 15. Signature and verification. The undersigned declares under south v. 6.2.				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
// I I I I I I I I I I I I I I I I I I				
Signed Mingry Mill & Street At	Alake Holman			
- June led un > Landans	on 419/501-2914			
5	/Date/ Telephone Number			
Form LM-30 (2003)				

Name of Person Filing	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. <b>Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street TSAC CWY DSAC CA:  City State ZIP Code + 4 ZIPS	14.a. Nature of payment.  PINIDA MAG: BUILDESS MAG TO DIXXXISD  SOLE ENERGY PLANT  PEC 13/04 MWMys @SANDEGO			
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.			